

Interconception Care Learning Community

What is the Interconception Care Learning Community (ICC-LC)?

The Interconception Care Learning Community is a partnership supported by MCHB's Division of Healthy Start and Perinatal Services. Partners include:

- all Healthy Start grantees, inclusive of consumers, providers and other partners within their Healthy Start communities;
- an Expert Work Group (EWG) of 18 leaders in women's health, primary care, public health, quality improvement, and Healthy Start; and
- Abt Associates Inc. and Johnson Group Consulting, Inc.

The purpose of the ICC-LC is to improve the health and well-being of women served by Healthy Start by advancing the quality and effectiveness of interconception care in their project area. The ICC-LC will focus on improving the health of high-risk woman served by Healthy Start grantees through the implementation of evidence-based practices and innovative community-driven interventions, which are a hallmark of Healthy Start.

Why Focus on Interconception Care?

The interconception period (often defined as an 18-to-24 month inter-pregnancy interval) is a critical time to modify risks — diseases, health behaviors, psychosocial risks, and environmental hazards — that are associated with adverse outcomes for women and infants.¹

- Interventions during the interconception period can dramatically improve women's health.
- Interconception services and supports are designed for “high risk” women who have experienced an adverse outcome in a previous pregnancy, and/or who had a fetal loss, an infant born at very-low or low birthweight, or a neonatal death.
- Since 2005, all Healthy Start Programs have added this component.
- Three-quarters of grantees (74%) enrolled the majority of their interconception clients during the prenatal period, with the remainder enrolling additional clients after delivery.²

How can we improve women's health through the ICC-LC?

The ICC-LC provides the opportunity for Healthy Start grantees to improve the quality of their work within their local health system action plan – benefiting from research, sharing experience peer-to-peer, and including the voices of consumers and other members of the community in the learning process.

The literature shows we have evidence-based approaches for providing interconception services, supports, and interventions.^{3 4} While national recommendations have been made⁵ and the content of care has been defined,⁶ translating research into practice has only begun. For example, we can do more to reduce psychosocial risks faced by thousands of women participating in Healthy Start such as provide better access and systems to address their needs.⁷

What is a quality improvement learning collaborative?

Very simply, quality improvement (QI) is a method of examining processes and making them more effective by:

- Peer sharing and teaching,

- Staff intensively focusing on a specific aspect of how services are delivered in their program and coming up with improvements, and
- Implementing “best” practices from the field.

The ICC-LC will be structured like many other QI learning collaboratives. QI learning collaboratives can effectively bring together geographically scattered teams to achieve common goals.⁸ To accommodate all of the Healthy Start grantees, the ICC-LC will be made up of multiple, smaller learning collaboratives.

What is the ICC-LC process?

Healthy Start grantees and their community stakeholders will form teams that come together to learn from each other and to improve their own processes, practices, and systems.

- Each Healthy Start grantee will form a team to guide their quality improvement efforts. There will be a home team (typically 10-15 key stakeholders) and a smaller subset “traveling team” (five members) that would attend the all-team meetings known as “learning sessions”.
- Over the course of the three-year project, all Healthy Start grantees will meet in person three times at learning session meetings. These meetings are designed to provide peer-to-peer learning experiences and inter-team exchange, as well as didactic learning. These meetings will be designed to provide participants with motivation, support, content knowledge, and project management skills.
- In addition to all-team meetings, Healthy Start ICC-LC teams will be supported by telephone technical assistance and web-based learning and exchange.
- An Expert Work Group (EWG) has been convened to guide the work with knowledge of evidence-based and best practices. The group includes national experts in health care, quality improvement, and public health. The EWG is a mix of experts with knowledge in preconception care, interconception care, women’s health, and Healthy Start.
- During “action periods” between learning session meetings, teams will work on specific quality improvement projects in their home communities with support from the collaborative staff and EWG members. For the ICC-LC, three action periods of nine months each are planned.
- The quality improvement projects during the action periods will focus on one of 5-6 topics related to interconception care in Healthy Start. Each team will define a plan-do-study-act (PDSA) process through which they will aim a particular topic to improve their work and outcomes.

¹ Lu MC, Kotelchuck M, Culhane JF, Hobel CJ, Klerman LV, & Thorp JM. “Preconception Care between Pregnancies: The Content of Internatal Care.” *Maternal and Child Health Journal*. 2006; 10(suppl 7):107–22.

² A profile of Healthy Start: Finding from Phase 1 of the Evaluation 2006.

³ The literature review was conducted for this project by Abt Associates, Inc. and Johnson Group Consulting Inc. under Contract # HHSH240200865006C.

⁴ Moos MK, Dunlop AL, Jack BW, Nelson L, Coonrod DV, Long, R., et al. Healthier Women, Healthier Reproductive Outcomes: Recommendations for the Routine Care of All Women of Reproductive Age. *American Journal of Obstetrics & Gynecology*, Supplement 2008b; S280-S289.

⁵ Johnson K, Posner SF, Biermann J, Cordero JF, Atrash HK, Parker CS, et al. Recommendations to Improve Preconception Health and Health Care--United States. A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR Recomm Reports*. 2006; 55(RR-6), 1-23.

⁶ Jack BW, Atrash H, Coonrod DV, Moos M, O'Donnell J., & Johnson K. The Clinical Content of Preconception Care: An Overview and Preparation of this Supplement. *American Journal of Obstetrics & Gynecology*, Supplement 2008b; S266-S279.

⁷ Klerman LV, Jack BW, Coonrod DV, Lu MC, Fry-Johnson YW, & Johnson K. The Clinical Content of Preconception Care: Care of Psychosocial Stressors. *American Journal of Obstetrics & Gynecology*, Supplement 2008b; S362-S366.

⁸ Institute for Healthcare Improvement. The breakthrough series: IHI's collaborative model for achieving breakthrough improvement. *Diabetes Spectrum* 2004; 17:97-101.